BIN DATE:	05/27/2007		TDDC	CHECKWRITE SUMMARY REPORT				
KON DAIL.	03/27/2007			ECKWRITE DATE: 05/31/2007				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901		8537	921	PROCEDURE IS NOT PAYABLE FOR Y				
3404901	SMOKY MOUNTAINM H/DD/SAS	0337	921	OUR PROVIDER TYPE AND				
	17,127,012			SPECIALTY IN ACCORDANCE TO MEN				
		0500	264	DESCRIPTION OF GOVERNOR BY COMPANY				
		8599	264	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	132	1723	1790	67
				BENEFIT PACKAGE.				
		8931	126	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404904	WESTERN HIGHLAN	8534	65	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING				
	DS LME			PROVIDER. PLEASE VERIFY THE F				
		11	22	CLIENT NOT ELIGIBLE ON SERVICE	0	155	4842	4687
		-		DATE				
		8654	20	ONLY 16 UNITS ALLOWED PER DAY				
		1		WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
-		<u> </u>						
3404910	PATHWAYS	8505	916	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		11	217	CLIENT NOT ELIGIBLE ON SERVICE	24	1727	4022	2287
				DATE				
		21	128	DUPLICATE OF CLAIM-SYSTEM				
3404912	CATAWBA COUNTYM	8505	33	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		3411	8	PROVIDER TYPE AND SPECIALTY 07	0	55	1471	1416
				4/113 CANNOT BILL ENHANCED		33	14/1	1410
				BENEFIT SERVICES ON OR AFTER D				
		191	4	CLIENT ID NUMBER DOES NOT MATC				
		-21		H PATIENT NAME				
3404913		8505	10881	CLAIM DENIED DUE TO INSUFFICIE				
3404913	MECKLENBURG COM ENTAL HEALT	8505	10001	NT BUDGET				
	INTRO IMADI							
		2000	FAFT	THE PROPERTY AND LOCAL PROPERTY OF THE PROPERT				
		8800	5057	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	1	19476	19508	32
				FUTURE RA'S.				
		11	1711	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		<u> </u>						
3404916	CROSSROADS BEHA	8505	7208	CLAIM DENIED DUE TO INSUFFICIE				
	VIORAL HEAL			NT BUDGET				
		8800	458	FURTHER PROCESSING NECESSARY,	0	7669	7718	49
		1		PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		<u> </u>						
		11	2	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		-						
	+	11	371	CLIENT NOT ELIGIBLE ON SERVICE				
3404917	CENTERPOINT HUM			DATE				
3404917	CENTERPOINT HUM AN SERVICES							
3404917								
3404917		8505	366	CLAIM DENIED DUE TO INSUFFICIE	15	1070	4536	2557
3404917		8505	366	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	15	1979	4536	2557
3404917		8505	366		15	1979	4536	2557
3404917				NT BUDGET	15	1979	4536	2557
3404917		8505	366		15	1979	4536	2557

				T			TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF	DECORTORIOS.	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8505	480	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		11	85	CLIENT NOT ELIGIBLE ON SERVICE	0	746	903	157
				DATE				
		8800	70	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404920	ALAMANCE CASWEL L AREA MH D	79	433	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING				
	D ALLA PILL D			PROVIDER TYPE AND SPECIALTY IN				
		8505	236	CLAIM DENIED DUE TO INSUFFICIE	5			
		0303	230	NT BUDGET	5	1064	4023	2959
		8000	199	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404921	ORANGE PERSON C	8505	1824	CLAIM DENIED DUE TO INSUFFICIE				
	HATHAM AREA			NT BUDGET				
	1							
	1	5312	292	PRIOR AUTHORIZED DOLLARS EXCEE	0	2936	9284	6348
				DED		2,30	2204	
								-
		5404	284	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404922	THE DURHAM CENT	8505	7784	CLAIM DENIED DUE TO INSUFFICIE				
	ER			NT BUDGET				
		8800	1430	FURTHER PROCESSING NECESSARY,	29	9759	10260	501
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				FUTURE RA'S.				
		21	424	DUPLICATE OF CLAIM-SYSTEM				
3404923	FIVE COUNTY MH	11	467	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		143	28	CLIENT ID NUMBER NOT ON STATE	0	574	3034	2281
				ELIGIBILITY FILE				
		21	23	DUPLICATE OF CLAIM-SYSTEM				
3404925	SANDHILLS CENTE	8505	1637	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	R FOR MH/DD			NT BUDGET				
		11	374	CLIENT NOT ELIGIBLE ON SERVICE	36	2550	4630	2080
				DATE				
	1	21	135	DUPLICATE OF CLAIM-SYSTEM				
	1							
3404926	SOUTHEASTERN RE	21	2131	DUPLICATE OF CLAIM-SYSTEM				
	G MENTAL HL							
		0526					5646	2018
		8536	182	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT	74	3628	3010	
		8536	182	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	74	3628	3010	
				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	74	3628	3010	
		8536 8518	171	ECIALTY COMBINATION IS NOT	74	3628	3010	
				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED, SUBMITTED BEYOND	74	3628	3040	
2404005		8518	171	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED, SUBMITTED BEYOND FILING TIMELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	74	3628		
3404927	CUMBERLAND CO M			ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	74	3528	30.10	
3404927	CUMBERLAND CO M	8518	171	ECIALTY COMENIATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED, SUBMITTED BEYOND FILING THRELINIT. PRICR FISCAL YEAR DOS (JULY 1 - JUNE CLAIM DENIED DUE TO INSUFFICE	74	3528		
3404927		8518	171	ECIALTY COMBINATION IS NOT VALID FOR SUMMITTED BILLING PR CLAIM DENIED, SUMMITTED BEYOND PILING TIMELINIT. PRIOR PISCAL YEAR DOS (JULY 1 - JUNE CLAIM DENIED DUE TO INSUFFICIE NY BUDGET				
3404927		8518	171	ECIALTY COMENIATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED, SUBMITTED BEYOND FILING THRELINIT. PRICR FISCAL YEAR DOS (JULY 1 - JUNE CLAIM DENIED DUE TO INSUFFICE	74		2533	458
3404927		8518	171	ECIALTY COMENDATION IS NOT VALID FOR SUBMITTED BILLING FR  CLAIM DENIED, SUBMITTED BEYOND FILING THERLINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  CLAIM DENIED DUE TO INSUFFICIE WT BUDGET  DETAIL NOT COVERED BY COMBINAT				458
3404927		8518 8505	171	ECIALTY COMENDATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED, SUBMITTED BEYOND FILING THEKEINIT. PRIOR FILSCAL YEAR DOS (JULY 1 - JUNE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				458
3404927		8518	171	ECIALTY COMENDATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED, SUBMITTED BEYOND FILING THRELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				458
3404927		8518 8505	171	ECIALTY COMENDATION IS NOT VALID FOR SUBMITTED BILLING FR  CLAIM DENIED, SUBMITTED BEYOND FILING THRELINIT. PRIOR FILING THRELINIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DETAIL NOT COVERED BY COMBINAT DON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE				458

100 OF RECEIPERT, PROVIDER AND	CLAIMS								
March   Marc		CLAIMS	TOTAL	TNC		NUMBER OF	HIGH DENIAL		PROVIDER
## 15 MINES   1	PAID				DESCRIPTION	DENIALS	EOBS	PROVIDER NAME	NUMBER
## 15 MINES   1					CLATA DUNTUD DUD DO TROUBUTOTE	624	0505		2404020
1	_					034	8505		3404930
1900   15								Partie Indiano	
DOTE									
1,000   1,1	764	764	760	0		69	11		
					2012				
Ministration						51	8800		
HARD	_								
1						115	11		3404931
144933   150   1	_				DATE			BILLING OF	
144933   150   1	_								
	411 14	411	264	2	DUPLICATE OF CLAIM-SYSTEM	45	21		
1444913   12   12   12   12   12   12   12					CLAIM DENIED DUE TO INSUFFICIE	34	8505		
STAN MATCH   STA					NT BUDGET				
STAN MATCH   STA									
STAN MATCH   STA					DIAGNOSIS OR SERVICE INVALID F	126	10	COLUMN CAMBRAY CAM	3404933
100 OF PRINTERSON AND   11   15   15   15   15   15   15   1									
100 OF PRINTERSON AND   11   15   15   15   15   15   15   1					DETAIL NOT COURDED BY COURTY	102	9500		
11   65   CLIST NOT ELIGITLE ON SERVICE	1601 415	4601	447	0		123	0333		
10   10   10   10   10   10   10   10	+								
DATE									
18494934   SHELOW CANTESET   8514						65	11		
SERVICE MATTER ATTERIORS   STATE   STATE   SERVICE   S	-				DATE		1	1	
SERVICE MATTER ATTERIORS   STATE   STATE   SERVICE   S	+						<u> </u>	<del> </del>	
						349	8534		3404934
11   343   CLIENT NOT ELICIBLE ON SERVICE   0   1246								BEHAV HEAL	
DATE    SERVICE FACILITY LOCATION MAS					PROVIDER. PLEASE VERIFY THE F				
DATE     DATE     DATE     DATE     DATE     DATE     DATE   DA	3169 192	3169	1246	0	CLIENT NOT ELIGIBLE ON SERVICE	343	11		
NOT SUBMITTED ON THIS CLAIM WITH    PLEASE RESURENT THE CLAIM WITH				-					
NOT SUBMITTED ON THIS CLAIM WITH    PLEASE RESURENT THE CLAIM WITH									
NOT SUBMITTED ON THIS CLAIM WITH    PLEASE RESURENT THE CLAIM WITH	_				SERVICE PACILITY LOCATION WAS	227	8535		
10040935   MANNE CO MENTAL   0	_					227	0333		
NEALTH CTR  0 0 0 0  3404936 NILSON-GREENE M 11 50 CLIENT NOT ELIGIBLE ON SERVICE  ENTAL HEALT  0 0 0 0  3404936 NILSON-GREENE M 11 50 CLIENT NOT ELIGIBLE ON SERVICE  ENTAL HEALT  0 0 0 0  0 0 0  3404936 NILSON-GREENE M 11 50 CLIENT NOT ELIGIBLE ON SERVICE  ENTAL HEALT  0 0 0 0  0 0 0  3404936 NILSON-GREENE M 11 50 CLIENT NOT ELIGIBLE ON SERVICE  1 0 0 0 0 0  1 0 0 0 0  1 0 0 0 0  1 0 0 0 0					PLEASE RESUBMIT THE CLAIM WITH				
NEALTH CTR  0 0 0 0  3404936 NILSON-GREENE M 11 50 CLIENT NOT ELIGIBLE ON SERVICE  ENTAL HEALT  0 0 0 0  3404936 NILSON-GREENE M 11 50 CLIENT NOT ELIGIBLE ON SERVICE  ENTAL HEALT  0 0 0 0  0 0 0  3404936 NILSON-GREENE M 11 50 CLIENT NOT ELIGIBLE ON SERVICE  ENTAL HEALT  0 0 0 0  0 0 0  3404936 NILSON-GREENE M 11 50 CLIENT NOT ELIGIBLE ON SERVICE  1 0 0 0 0 0  1 0 0 0 0  1 0 0 0 0  1 0 0 0 0									
10	_				*** NO DATA TO REPORT ***	0	0		3404935
								HEALIH CIR	
ENTAL HEALT	0	0	0	0		0	0		
ENTAL HEALT	_								
ENTAL HEALT	_				CLIENT NOT ELIGIBLE ON SERVICE	50	11	WILSON-GREENE M	3404936
SOUD 3 NO RATE AVAILABLE ON FILE TO P  RICE THIS CLAIM DETAIL  BREEFIT PACKAGE.  RICE THIS CLAIM DETAIL  RICE THIS CLAIM DETAIL  BATTL HITH C  RECECOMBE NASH 11 31 CLIENT NOT ELIGIBLE ON SERVICE  BATTL HITH C  CAMPAGE AND CONTROL OF SERVICE SILLED  BATTL HITH C  BATTL					DATE				
SOUD 3 NO RATE AVAILABLE ON FILE TO P  RICE THIS CLAIM DETAIL  BREEFIT PACKAGE.  RICE THIS CLAIM DETAIL  RICE THIS CLAIM DETAIL  BATTL HITH C  RECECOMBE NASH 11 31 CLIENT NOT ELIGIBLE ON SERVICE  BATTL HITH C  CAMPAGE AND CONTROL OF SERVICE SILLED  BATTL HITH C  BATTL									
SOUD 3 NO RATE AVAILABLE ON FILE TO P  RICE THIS CLAIM DETAIL  BREEFIT PACKAGE.  RICE THIS CLAIM DETAIL  RICE THIS CLAIM DETAIL  BATTL HITH C  RECECOMBE NASH 11 31 CLIENT NOT ELIGIBLE ON SERVICE  BATTL HITH C  CAMPAGE AND CONTROL OF SERVICE SILLED  BATTL HITH C  BATTL	626 56	626	61	0	DETAIL NOT COVERED BY COMBINAT	6	8599		
	020 30	020	01	0					
RICE THIS CLAIM DETAIL  3404937 EDGECOMBE NASH 11 31 CLIENT NOT ELIGIBLE ON SERVICE  NOTH HITH C DATE  8532 12 SUBMITTED BILLING PROVIDER IS 0 69  NOT ELIGIBLE FOR DATE OF  SERVICE BILLED  8518 12 CLAIM DENIED, SUBMITTED BEYOND  FILING TIMELIMIT. PRICE  FISCAL VEAR DOS (JULY 1 - JUNE  1404939 NEUSE MENTAL HE 8599 76 DETAIL NOT COVERED BY COMBINAT  ALTH CENTER  RESERVET PROVIDER AND  ALTH CENTER  7001 7 EXCEEDS THE ONE PER DAY LIMITA 0 102  TION					BENEFIT PACKAGE.				
RICE THIS CLAIM DETAIL  3404937 EDGECOMBE NASH 11 31 CLIENT NOT ELIGIBLE ON SERVICE  NOTH HITH C DATE  8532 12 SUBMITTED BILLING PROVIDER IS 0 69  NOT ELIGIBLE FOR DATE OF  SERVICE BILLED  8518 12 CLAIM DENIED, SUBMITTED BEYOND  FILING TIMELIMIT. PRICE  FISCAL VEAR DOS (JULY 1 - JUNE  1404939 NEUSE MENTAL HE 8599 76 DETAIL NOT COVERED BY COMBINAT  ALTH CENTER  RESERVET PROVIDER AND  ALTH CENTER  7001 7 EXCEEDS THE ONE PER DAY LIMITA 0 102  TION									
NOTE   LIGHT NOT ELIGIBLE ON SERVICE	_					3	8000		
DATE	_							1	
DATE									
8532 12 SUBMITTED BILLING PROVIDER IS 0 69  NOT ELIGIBLE FOR DATE OF  SERVICE BILLED  CLAIM DENIED, SUBMITTED BEYOND  FILING TIMELIMIT, PRICE  FIGURAL VEAR DOS (JULY 1 - JUNE  100 FISCAL VEAR DOS (JULY 1 - JUNE  ALTH CENTER  ALTH CENTER  REREPIT PROVIDER AND  BEREPIT PROVIDER AND  TON  7 EXCESS THE ONE PER DAY LIMITA  0 102  TION		1				31	11		3404937
NOT ELIGIBLE FOR DATE OF  SERVICE BILLED  8518  12 CLAIN DENIED, SUBMITTED BEYOND  FILING TIMELIMIT. PRICE  FISCAL YEAR DOS (JULY 1 - JUNE  FISCAL YEAR DOS (JULY 1 - JUNE  ALTH CENTER  108 OF RECIPIENT, PROVIDER AND  BEREFIT PROVIDER AND  7001  7 EXCERDS THE ONE PER DAY LIMITA  0 102	-	1			1			MINTL HLTH C	
NOT ELICIBLE FOR DATE OF SERVICE BILLED  8518  12 CLAIM DESIGNATIVE BEYOND FILING TIMBLIMIT. PRICE FISCAL YEAR DOS (JULY 1 - JUNE FISCAL YEAR DOS (JULY 1 - JUNE ALTH CENTER  100 OF RECIPIENT, PROVIDER AND BEREFIT PROVIDER AND 7001 7 EXCERD THE ONE PER DAY LIMITA 0 102	_							1	
SERVICE BILLED  8518 12 CLAIM DENIED, SUBMITTED BEYOND  FILING TIMELIMIT. PRICE  FISCAL YEAR DOS UNDENIED  3404939 NEUSE MENTAL HE  8599 76 DETAIL NOT COVERED BY COMBINAT  ALTH CENTER  10N OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  7001 7 EXCEEDS THE ONE PER DAY LIMITA 0 102	552 48	552	69	0		12	8532		
8518 12 CLAIM DENIED, SUBMITTED REYOND  FILING TIMELIMIT. PRICE  FISCAL YEAR DOS (JULY 1 - JUNE  404939 NEUSE MENTAL HE 5599 76 DETAIL NOT COVERED BY COMBINAT  ALTH CENTER  BERKETIT PACAGE.  7001 7 EXCEED THE ONE PER DAY LIMITA 0 102  TION	-						1	1	
FILING TIMELIMIT. PRICE  FISCAL YEAR DOS LY THE MEDICAL TO THE STATE OF THE MEDICAL TO THE ME	+						<u> </u>	<del> </del>	
FISCAL YEAR DOS (JULY 1 - JUNE  1404939 NEUSE MENTAL HE 8599 76 DETAIL NOT COVERED BY COMBINAT  ALTH CENTER 1000 OF RECIPIENT, PROVIDER AND  BERKETIT PACKAGE.  7001 7 EXCERDS THE ONE PER DAY LIMITA 0 102  TION					CLAIM DENIED, SUBMITTED BEYOND	12	8518		
1414939 NEUSE MENTAL HE 8599 76 DETAIL NOT COVERED BY COMBINAT  ALTH CENTER  10N OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  7001 7 EXCEEDS THE ONE PER DAY LIMITA 0 102	4				FILING TIMELIMIT. PRIOR				
ALTH CENTER ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  7001 7 EXCREDS THE ONE PER DAY LIMITA 0 102 TION	-				FISCAL YEAR DOS (JULY 1 - JUNE		1		
ALTH CENTER ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  7001 7 EXCREDS THE ONE PER DAY LIMITA 0 102  TION	+				DETAIL NOT COVERED BY COMBINAT	76	8599	NEUSE MENTAL HE	3404939
					ION OF RECIPIENT, PROVIDER AND				
TION		1			BENEFIT PACKAGE.				
TION	440 33		400		EXCEEDS THE ONE PER DAY TIMITA	7	7001	1	
	440 33	440	102	0				<del> </del>	
670 7 OTHER DISCUSSION OF A 10 THE									
	4				OMINID DIAGNOSTO GC 1	-	570		
670 / Gyber Diagnosis Code 4 is inva	+	-			OTHER DIAGNOSIS CODE 4 IS INVA	ı	670		
Total Control	_							<u> </u>	
A404941 PITT CO MH/DD/S 8505 627 CLAIM DENIED DUE TO INSUFFICIE						627	8505		3404941
AS CENTER NT BUDGET		1			NT BUDGET		1	AS CENTER	
	+	1		1			+	1	
	1279 53	1279	742	0		53	8800	1	
PLEASE CHECK FOR CLAIM ON									
FUTURE RA'S.					FUTURE RA'S.				
11 14 CLIENT NOT ELIGIBLE ON SERVICE	+	1		1	CLIENT NOT ELIGIBLE ON SERVICE	14	11	1	
DATE									
					-				
	1	1						1	

	1					1	TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404942	ROANOKE CHOWANH	8599	108	DETAIL NOT COVERED BY COMBINAT				
	UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8532	52	SUBMITTED BILLING PROVIDER IS	0	176	516	340
				NOT ELIGIBLE FOR DATE OF SERVICE BILLED				
				SERVICE BILLED				
		8534	14	SERVICE FACILITY LOCATION IS N				
		0331		OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
3404943	ALBEMARLE MENTA	11	42	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
		8599	41	DETAIL NOT COVERED BY COMBINAT	6	196	1148	952
			,	ION OF RECIPIENT, PROVIDER AND				
			,	BENEFIT PACKAGE.				
		191	25	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME	1			
3404944	EASTPOINTE HUMA	8599	20	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				
	N SERVICES			BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
		8000	10	NO RATE AVAILABLE ON FILE TO P				
		8000	10	RICE THIS CLAIM DETAIL	0	46	2774	2728
				RICE THIS CLIRIN DETRIE				
		79	8	THIS SERVICE IS NOT PAYABLE TO				
		-		YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM	8505	957	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		5404	181	SEVERE DUPLICATE: SAME ATTO PR	0	1788	2602	814
				OV/PCODE/TOS/DOS/MOD				
		191	129	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404957	TIDELAND MENTAL	8800	75	FURTHER PROCESSING NECESSARY,				
	HEALTH CTR			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
	1		1	FOIGRE RA'S.	1			
	1	8505	44	CLAIM DENIED DUE TO INSUFFICIE				
	+	0.003	**	NT BUDGET	0	155	191	36
	1							-
	1							-
		8599	31	DETAIL NOT COVERED BY COMBINAT				
	+		+	ION OF RECIPIENT, PROVIDER AND	+			
	+			BENEFIT PACKAGE.				
	+			+	1			
3404979	NEW RIVER AREAM	8599	4	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SA PRO			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8535	3	SERVICE FACILITY LOCATION WAS	0	7	11	4
				NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				